INSTRUCTIONS FOR COMPLETION OF THE FNS-380, WORKSHEET FOR FOOD STAMP PROGRAM QUALITY CONTROL REVIEWS

GENERAL

Some States have designed their own worksheet for Food Stamps Quality Control (QC) reviews. These States must submit for approval their designed worksheets to the FNS regional office (RO). The worksheet will be reviewed and States will then be notified of the decision.

FACESHEET

The first page of the worksheet, called the facesheet provides space for entering case-identifying information ordinarily found in the case record.

Review Number - Enter the review number assigned to this case. This will be the review number entered on the QC review schedule.

SECTION A - IDENTIFYING INFORMATION

1. **Agency** - Enter name of local agency.

2. **Case Name** - Enter the name of the payee or recipient by which the case is identified.

3. **Address** - Enter the complete address at which the payee or recipient resides.

4. **Telephone Number** - Enter the telephone number at which the payee or recipient can be reached.

5. **Directions to Locate** - Enter the directions to the address where the payee resides. (This is particularly significant where the mailing address is a post office box number or rural route number.)

6. **Case Number** - Enter the number assigned by the State agency to identify the case after formal approval.

7. **Review Number** - Enter the serial numbers assigned to this case (supplied to the reviewer by the State agency).

8. **Review Date/Month** - Enter month, day, and year for which case eligibility and allotment are under review. The review date will be supplied by the State agency.

9. **Date of Most Recent Opening** - Enter the month, day and year of the initial certification for the current uninterrupted period of participation.

10. **Most Recent Action: Date and Type** - Enter the month, day, year of the most recent action on the case prior to or concurrent with the review date. Enter the type of action (certification, recertification, or interim change). A certification means the first time a case has been certified or a certification action following a break in participation. A recertification means the initial certification period has expired and the agency has (a) completed a reexamination of all factors of eligibility subject to change following a period of time during which the recipient has been determined eligible and (b) made a decision to continue eligibility. An interim change is a case recalculation of food stamp benefits resulting from a change in household circumstances either (a) reported by the household or (b) the agency becomes aware of through a source other than the household.

11. **Certification Period** - Enter the period for which the case was certified.

12. **Participated During Sample Month** - Check the appropriate box to indicate if the household participated during the sample month.

13. **Received Expedited Service** - Check the appropriate box to indicate if the household was certified using expedited service procedures.

14. **Reviewer(s)** - Enter the full name (last, first, middle
*   initial (MI)) of the QC reviewer conducting the review and/or
*   the reviewer's identification number.

15. **Date(s) Assigned** - Enter the month, day and year on which the sample case was received by the QC reviewer.

16. **Date of Case Readings(s)** - Enter the month, day and year on which a personal interview was held with the recipient.

* 17. **Date of Personal Interview(s)** - Enter the month, day and year on which a personal interview was held with the recipient.

18. **Date(s) Completed** - Enter the month, day and year on which the review was completed.
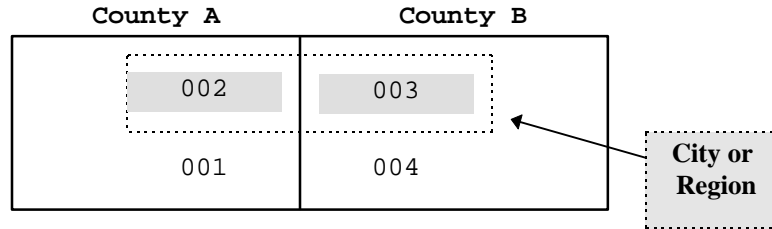
Florida	12	Oklahoma	40
Georgia	13	Oregon	41
Hawaii	15	Pennsylvania	42
Idaho	16	Rhode Island	44
Illinois	17	South Carolina	45
Indiana	18	South Dakota	46
Iowa	19	Tennessee	47
Kansas	20	Texas	48
Kentucky	21	Utah	49
Louisiana	22	Vermont	50
Maine	23	Virginia	51
Maryland	24	Virgin Islands	78
Massachusetts	25	Washington	53
Michigan	26	West Virginia	54
Minnesota	27	Wisconsin	55
Mississippi	28	Wyoming	56
Missouri	29	Guam	66
Montana	30		

b.   **Local Agency Code** – The purpose of this code is to allow grouping data by county or county equivalent. The system requires that a three-digit code be used. To allow the greatest amount of flexibility in coding local agencies, some latitude is provided to States in their development of the classification and codes for this item. Although Federal Information Processing Standards (FIPS) codes are preferred, States may use an alternative classification or set of codes.

FIPS Codes – Use the three-digit code established by the National Bureau of Standards for classification of counties and county equivalents. Codes were devised by listing counties alphabetically and assigning sequentially odd integers; e.g., 001, 003, 005,. . .

County Codes – Use a three-digit code for the identification of counties and county equivalents.

Alternative Classification Codes – Use a three-digit code to identify geographic area smaller than counties and county equivalents. Assign codes so that local areas can be identified while allowing counties to be identified as well. For example, if two adjoining counties each contain parts of a local area (city of region), codes should be assigned to identify the portion of county A outside the city (001), the portion of the city in county A (002), the portion of the city in county B (003), and the portion of county B outside the city (004). Group codes 001 and 002 are for county A and codes 003 and 004 are for county B. States can group codes 002 and 003 for the city. (See figure.)

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          County A          County B
     ┌───────────────────┬───────────────────┐
     │   ┌ ─ ─ ─ ─ ─ ─ ─ ┼ ─ ─ ─ ─ ─ ─ ─ ┐   │
     │   │    ┌─────┐     │    ┌─────┐    │   │
     │   │    │ 002 │     │    │ 003 │    │◄──┼── ┌──────────┐
     │   │    └─────┘     │    └─────┘    │   │   │ City or  │
     │   └ ─ ─ ─ ─ ─ ─ ─ ┼ ─ ─ ─ ─ ─ ─ ─ ┘   │   │ Region   │
     │        001        │        004        │   └──────────┘
     └───────────────────┴───────────────────┘
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3.   **Sample Month and Year** – Enter the month and year for which case eligibility and issuances are under review.

4.   **Stratum** – Enter the two-digit stratum codes.

5.   **Disposition of Review** – Enter one of the following codes for each review conducted: (Note: For cases that are NSTR because of oversampling, use code "7", not code "2".)

   1 = Review completed
   2 = Not subject to review/listed in error
   4 = Refusal to cooperate
   5 = Unable to locate recipient
   6 = Not processed
   7 = Case deselected/correction for oversampling
   8 = Failure to cooperate/other

   NOTE: If the review is NSTR or incomplete (disposition of review coded as 2, 4, 5, 6, 7, or 8) then no further entries are required on the remainder of the review schedule.

6.   **Review Findings** – Indicate the case status and any type of error detected in this item. Enter one of the following codes:

   1 = Amount correct
   2 = Overissuance
   3 = Underissuance
   4 = Ineligible

7.   **Amount of Error** – Enter the dollar amount of the final case error as determined by the reviewer.

   NOTE: The dollar amount of the error is the difference between what the State authorized and what the State should have authorized. For the dollar amount of error,
*   enter if error is greater than $25.00.

8. **Coupon Allotment** – Enter the authorized amount of food stamps subject to review for the sample month as found in the master issuance file.

5 = The vehicle is used as the household's home.
6 = The vehicle is used to carry fuel for heating or water for home use.
7 = The vehicle is necessary for the transportation of a physically disabled household member.
8 = The vehicle is excluded due to categorical eligibility.   *
9 = Other.

30(a-b). Value of Vehicle - Enter the fair market value of the vehicle(s) listed in 29(a-b).

31(a-b). Equity Value of Vehicle - Enter the equity value of the vehicle(s) listed in 29(a-b).

32. Standard Utility Allowance - Enter the appropriate code:

1 = Not entitled to SUA
2 = Includes heating and cooling and all else
3 = Based on the receipt of LIHEAA
4 = Includes heating and cooling and all else except telephone
5 = Includes utilities except heating and cooling
6 = Includes utilities except heating
7 = One that includes individual standards for each (e.g., heating, cooling, sewerage, garbage, trash collection, telephone, etc.)
8 = Household entitled to partial/prorated SUA and none of the other codes listed above are appropriate.

33. Child Support Payment Deduction - Enter the dollar value of the child support payment deduction as of the review date.

34. Rent/Mortgage - Enter the amount the household was billed for rent/mortgage for the sample month.

35. Shelter Deduction - Enter the dollar value of the shelter deduction for the sample month

36. Actual Utility Costs - This item should be completed for all cases. Enter the actual amount the household was billed for all utilities (gas, water, phone, electric, etc.) for the sample month. Do not use the standard utility allowance. If the sample month's bills are unavailable, use the most recent available information to complete this item.

37. Standard Utility Allowance Amount - Enter the dollar value of the standard utility allowance that this household is entitled to receive as of the review date.

38. Allotment Adjustment - Enter whether or not the allotment was adjusted for the reasons below. If more than one adjustment was made, enter the code for the adjustment with the greatest impact on the food stamp allotment. If this

*   **39.**   can not be determined, enter any one of the applicable
*   codes.

      1 = No adjustment
      2 = Prorated benefit
      3 = Deduction for claims recoupment
      4 = Deduction for replacing lost EBT cards
      5 = Combined monthly allotments
      6 = Multiple allotments for departing residents of treatment
         centers
      7 = Deduction for a sanction
      8 = Deduction for failure to comply with another means
         tested program (up to 25%)
      9 = No increase due to failure to comply with another means
         tested program

39.   **Amount of Allotment Adjustment** - Enter the amount of the
*   adjustment described in 38 above. If more than one
*   adjustment was applied, enter the total amount of the
*   adjustments to the food stamp allotment.

SECTION III - DETAILED PERSON-LEVEL INFORMATION

*   Complete the following section using the best available
information as of the review date, for each household member. If
the number of household members exceeds the number of lines (12)
available, attach an additional page to allow for coding detailed
person-level information on all household members.

40.   **Person Number** - Assign and enter a two-digit number for each
household member (01, 02, etc.). Use this assigned number
to identify household members with income in Section IV.
Code as person 01, the head of household.

41.   **Food Stamp Case Affiliation** - For each person indicate
his/her participation in the Food Stamp Program (i.e.,
either in the case under review or another household and if
the person is a recipient of another form of assistance.
NOTE: Both boxes must be coded.

    In the <u>first</u> box indicate:

    A = Member of Food Stamp case under review
    B = Member of another Food Stamp case, not under review
    C = Member does not receive Food Stamps, and does not meet
        any of the reasons coded in D through R
    D = Member is an ineligible non-citizen
    E = Member not paying/cooperating with Child Support agency
    F = Member is an ineligible striker
    G = Member is an ineligible student
    H = Member is disqualified for program violation
    I = Member is ineligible to participate due to failure to meet
        work requirements (work registration, E&T, acceptance of
        employment, employment status/job availability, voluntary

quit/reducing work effort, workfare/comparable workfare, and time limit participation).

J = ABAWD time limit exhausted and the ABAWD is ineligible to participate due to failure to meet work requirements (work registration, E&T, acceptance of employment, employment status/job availability, voluntary quit/reducing work effort, workfare/comparable workfare, and time limited participation).

K = Fleeing felon.
L = Parole and probation violator.
M = Convicted drug felon.
N = Social Security Number disqualified.
O = SSI recipient in California.
P = Prisoner in detention center.
Q = Foster care.
R = State Funded Food Stamp Program.

Use the first code that applies. In the <u>second</u> box indicate   *
if this member is a recipient of:

1 = TANF dollar payment   *
2 = TANF eligible but not receiving a dollar payment or in-   *
    kind benefit   *
3 = Medicaid
4 = Adult assistance in the Territories
5 = None of the listed programs
6 = SSI   *
7 = Receiving or authorized to receive a TANF benefit that   *
    is not a dollar payment but is defined by the State   *
    agency as rendering the member categorically eligible.   *
    Any member defined by the State agency as categorically   *
    eligible based on the non-dollar TANF benefit should be   *
    coded "7".   *

NOTE: For the following items 42-53, do not enter zeros with the exception of item 47.

42. <u>**Relationship to Head of Household**</u> - Enter the code number that shows the relationship (including by marriage) of the person indicated in item 40 person number) to the head of the household, as defined by the Food Stamp Program.

A young parent code for a person in the household must be used if (a) that person is under age 22 and (b) that person's child is also a member of the household. For example, using the codes below, if the persons in a household consist of: (a) a head of the household; (b) his/her daughter; (c) his/her niece, who is a young parent; and (d) the niece's newborn child, then the correct coding would be: Head (01); daughter (06); niece (18); and grandniece (11).

01 = Head of household (not a young parent)
02 = Head of household (and a young parent)
03 = Spouse (not a young parent)
04 = Spouse (and a young parent)
05 = Parent

Other household members (not a young parent)

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06 = Daughter or son
07 = Stepdaughter or stepson
10 = Grandchild or great grandchild
11 = Other related person (brother, niece, cousin)
12 = Foster child
13 = Unrelated child
14 = Unrelated adult
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Other household members (and a young parent)

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15 = Daughter or son
16 = Stepdaughter or son
17 = Grandchild or great-grandchild
18 = Other related person(e.g., brother, niece, cousin)
19 = Foster child
20 = Unrelated child
21 = Unrelated adult
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43. **Age** – Enter the age (in years) as of review date, of each household member. For children less than 1 year old, enter 00. For persons 98 and older enter 98. For all others, enter age in two digits. If the birth date cannot be determined, enter nines. (99)

44. **Sex** – Enter the appropriate code:

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1 = Male
2 = Female
9 = Unknown
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45. **Race** – Enter the race of each person living in the household.

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1 = White, not of Hispanic origin
2 = Black, not of Hispanic origin
3 = Hispanic
4 = Asian or Pacific Islander (Oriental)
5 = American Indian or Alaskan Native
9 = Unknown
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46. **Citizenship Status** – Enter the appropriate code:

Eligible

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01 = U.S. born citizen
02 = Nationalized Citizen
03 = Native American
04 = Hmong or Highland Laotian (or spouse or dependent
     child)
05 = Lawfully admitted for permanent residence (LPR) with 40
     quarters
06 = LPR with military connection
07 = Eligible refugee (including LPR eligible based on prior
     refugee status)
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08 = Eligible asylee (including LPR eligible based on asylee
        status)
09 = Eligible Cuban or Haitian (including LPR eligible based
        on Cuban or Haitian status)
10 = Eligible with deportation withheld (including LPR
        eligible based on prior deportation withheld status)
11 = Amerasian
12 = Eligible because of battered provision
13 = Qualified non-citizen in U.S. on 8/22/96 and under 18
14 = Qualified non-citizen in U.S. on 8/22/96 and 65 or
        older on 8/22/96
15 = Qualified non-citizen in U.S. on 8/22/96 and disabled   *

Ineligible

31 = Ineligible legal permanent resident
32 = Ineligible refugee
33 = Ineligible asylee
34 = Ineligible Cuban or Haitian
35 = Ineligible Amerasian
36 = Ineligible with deportation withheld
37 = Ineligible battered non-citizen
38 = Other ineligible legal non-citizen (e.g. tourist,
        student, diplomat)
39 = Undocumented
40 = Non-citizen but status unknown
99 = Unknown

47. **Educational Level** - Enter highest educational level
    completed for each member or the household. Code the
    following to indicate educational level:

    0 = None
    1 = Grades 1-5
    2 = Grades 6-8
    3 = Grades 9-10
    4 = Grade 11
    5 = High School graduate or GED
    6 = Some college, but less than 2 years
    7 = 2-3 years of college, including graduate of a 2-year
          college
    8 = College graduate or postgraduate study
    9 = Unknown

48. **Employment and Training Program Status** - Enter information
    on the current employment and training (E&T) program status
    of all household members as known by the State agency:

Currently exempt from E&T programs and not participating:

01 = Based on federal criteria for exemption from work
     registration
02 = Based on the State option to exempt recipients from E&T
     programs
03 = Member not part of food stamp household under review

Current status as a mandatory participant in E&T programs:

14 = Not in compliance and not sanctioned
15 = Not in compliance and sanctioned

Currently participating as a mandatory participant in E&T as
follows:

20 = Job search training
21 = Job search
22 = Combined job search/work experience program
23 = CWEP or other work experience program
24 = Work supplementation or OJT
25 = Education leading to a high school degree including GED
     programs and GED preparation
26 = Post-secondary education leading to a degree or
     certificate
27 = Remedial education including adult education programs
     other than GED preparation
28 = Vocational training, including JTPA
29 = Other

        A voluntary participant (exempt because child is under age
        limit or needed in home to care for another household
*   member) active during the sample month in E&T as follows:

30 = Job search training
31 = Job search
32 = Combined job search/work experience program
33 = CWEP or other work experience program
34 = Work supplementation or OJT
35 = Education leading to a high school degree including GED
     programs and GED preparation
36 = Post-secondary education leading to a degree or
     certificate
37 = Remedial education including adult education programs
     other than GED preparation
38 = Vocational training, including JTPA
39 = Other

        A voluntary participant (exempt for reasons other than child
        under age limit or needed in home to care for another
*   household member) active during the sample month in E&T as
        follows:

40 = Job search training